

2021 - 2024 AREA PLAN INSTRUCTIONS FOR AREA AGENCIES ON AGING

GENERAL INSTRUCTIONS

This document, and related attachments, contains instructions for the 2021-2024 Area Plan. This plan covers the period from January 1, 2021 through December 31, 2024. The Area Plan is due to the Department of Human Services, Aging and People with Disabilities (DHS/APD) on September 18, 2020 by close of business (5 p.m.).

1. Please submit one hard copy original of the Statement of Assurances and Verification of Intent page with signatures to:

Kristi Murphy, Manager
Community Services and Supports Unit
500 Summer St. NE, E-12
Salem, OR 97301

2. Send one electronic copy of the complete Plan, including budget pages, via e-mail to SUA.Email@state.or.us. AAAs are not expected to electronically send documents in the Plan that were not created in electronic format by the AAA, e.g., notices in newspapers.
3. Organize the Area Plan according to the table of contents and section instructions that follow these general instructions. At a minimum, the content detailed in the section instructions must be included, unless noted as optional. Additional information or sections may be provided at the option of the AAA.
4. Type the year, section number and page number at the bottom corner of every page.
5. A copy of the budget instructions and budget forms will be e-mailed to the AAA contract/fiscal officer so the proper budget forms can be used. The instructions and forms will also be on the SUA website located at <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/Area-Plans.aspx>.

6. Inquiries on Sections A, B, C, D and the appendices should be directed to your assigned CSSU Liaison. (See Staff Roster and Assignments at the end of Attachment B.)

[NAME OF AREA AGENCY ON AGING] 2021-2024 AREA PLAN

TABLE OF CONTENTS

Section A Area Agency Planning and Priorities

- A-1 Introduction
- A-2 Mission, Vision, Values
- A-3 Planning and Review Process
- A-4 Prioritization of Discretionary Funding

Section B Planning and Service Area Profile

- B-1 Population Profile
- B-2 Target Populations
- B-3 AAA Services and Administration
- B-4 Non-AAA Services, Service Gaps and Partnerships to Ensure Availability of Services Not Provided by the AAA

Section C Focus Areas, Goals and Objectives

- C-1 Local Focus Areas, Older Americans Act (OAA) and Statewide Issue Areas:
 1. Information and Referral Services and Aging and Disability Resource Connection
 2. Nutrition Services
 3. Health Promotion
 4. Family Caregivers
 5. Legal Assistance and Elder Rights Protection
 6. Older Native Americans

Section D OAA/OPI Services and Method of Service Delivery

- D-1 Administration of Oregon Project Independence (OPI)
- D-2 Services provided to OAA and/or OPI consumers

Section E Area Plan Budget (Detailed instructions and forms will be provided in the first quarter of 2020.)

Appendices

- A Organizational Chart
- B Advisory Council(s) and Governing Body

- C Public Process
- D Final Update on Accomplishments from 2017-2020 Area Plan
- E Emergency Preparedness Plan
- F List of Designated Focal Points
- G Partner Memorandums of Understanding
- H Statement of Assurances and Verification of Intent

Area Plan Requirement, Overview and Purpose:

The [Older Americans Act](#), Section 306 (a) states that, “each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary.”

The Oregon Department of Human Services/Aging and People with Disabilities office (DHS/APD) and the statewide network of 16 Area Agencies on Aging (AAA) share responsibility for planning for Oregon’s present and future aging and long-term care needs. The AAAs’ Area Plans (AP), the Oregon State Plan on Aging and APD/DHS’s strategic plan(s) to improve and strengthen Oregon’s publicly funded long term care system collectively establish a framework for how the AAAs and DHS/APD will deliver services to Oregon’s diverse population.

The Area Plan describes the AAA’s future activities over the coming four years. In it, the AAA describes its efforts to identify the needs of older adults, adults with disabilities, and their caregivers. The AAA, with the active involvement of its Advisory Council(s) and utilization of public input, then describes its plan for developing coordinated and accessible systems of care to address community needs and prioritize and develop services for older adults, adults with disabilities, and their caregivers.

Summarized below are commonly used fundamental processes to develop a comprehensive and coordinated plan:

- a) Conduct a scan for other assessments by local health authorities, regional and city governments, communities of color, hospitals/healthcare providers/CCOs, etc. (One resource is an interactive map of the most recent [Community Health Needs Assessment and Community Health Improvement Plans](#).)
- b) Conduct a needs assessment;
- c) Synthesize and prioritize this information;
- d) Develop recommendations for service priorities;
- e) Conduct public hearings to introduce recommendations to the community and receive oral and written feedback;
- f) Incorporate applicable public comment into final recommendations;
- g) Senior Advisory Council reviews and approves recommendations to the AAA governing board;

- h) The governing board has final review and approval authority;
- i) AAA then completes the area plan and submits to DHS/APD

The AAA's Senior Advisory Council (and Disability Services Advisory Council for Type B AAAs) should be involved throughout the development of the plan. The OAA calls for the advisory council to advise the AAA on all matters relating to the development and administration of the plan and operations conducted under the plan (OAA Section 306 (a) (6) (D)) and ORS 410.210. Below are some possible roles for the advisory councils in plan development:

- Participate on the work group that oversees development of the area plan and budget
- Review and provide input on materials as they are developed in the area plan process
- Participate in key activities related to conducting a community needs assessment, such as: helping to develop and distribute surveys; participating in focus groups and listening sessions; helping to conduct targeted interviews with consumers and program participants, involvement in the review and synthesis of survey results, etc.
- Review and provide input on these key areas of the area plan:
 - service needs and priorities
 - process for how priorities are established
 - development of an area plan budget reflective of the priorities
 - goals and activities developed for the coming 4 years
 - participate in community hearings on the area plan and consider how feedback will be incorporated into the final plan
 - service equity
- Review and approve the final draft of the area plan and budget before its transmittal to the Director of Human Services
- Educate the public about the area plan and share importance of public involvement
- Review and provide input on annual area plan updates

SECTION A – AREA AGENCY PLANNING AND PRIORITIES

(Suggested length not to exceed 5 pages)

A – 1 Introduction:

This section should introduce the reader to your Area Agency on Aging (AAA) and the Area Plan. Briefly describe your agency, sponsoring organization, and other pertinent introductory information applicable to your Planning and Service Area (PSA), the nature of the programs you provide and how you coordinate planning and service provision with other agencies/organizations in your PSA, and the consumer population which you serve (e.g., older adults, vulnerable, rural, at-risk and adults with disabilities). This section may also be used to describe activities provided by the AAA that may not be covered elsewhere in the plan. Discuss the purpose of an AAA and the Area Plan and indicate the means whereby the reader may contact your agency with questions or comments.

A – 2 Mission, Vision, Values:

This section should reflect the mission of your agency. It may be an excerpt of the mission statement from your AAA or sponsoring organization and should incorporate your agency's vision and values in such a way as to provide the reader with a summary of the guiding principles under which your AAA operates. You should identify relevant stakeholders, co-sponsors, and providers and describe the methods you employ in operationalizing your vision and values.

A – 3 Planning and Review Process:

In this section, please describe the process used to assess the needs in your PSA, develop your Plan, and to review draft(s) prior to adoption. Good planning should identify and include such items as:

- Scope of need - among older adults, minorities, rural/urban, individuals with disabilities, specific target populations, etc. and how the needs assessment was conducted.
- Persons and groups consulted - consumers, members of minority and diverse communities, service providers, health care professionals, advocacy groups, partner organizations, etc.
- Tools employed - surveys, focus groups, community forums, etc.

- Resources used - census data, DHS service data, regional demographic reports, GIS mapping, etc.
- How this plan aligns with other plans, if any, your agency may participate in – for example, any regional planning, Council of Governments, community health assessments, etc.

Describe the roles your Advisory Council(s) and regional/local/Tribal governments play in your planning process, in review of drafts, and in the local approval process of the final Area Plan. Also describe efforts made to ensure the planning process includes and is culturally and linguistically responsive to minorities and individuals with limited English proficiency. Include in Appendix C documentation of planning activities, such as notices for or a list of the dates and locations of the community forums, Advisory Council meetings, focus groups, surveys or public hearings held to assess need and obtain community input.

A – 4 Prioritization of Discretionary Funding:

This section describes your 2021-2024 priorities for programs for which you have discretionary funding. Given that the Older Americans Act (OAA) allows considerable flexibility in the spending of Title IIIB funds, discretionary funds are considered those that are available after meeting the [minimum Title IIIB expenditure requirements](#). Also, for the purposes of this document, discretionary funds from local sources are those funds which, if available, would be used to supplement the provision of services meeting the definition of OAA services.

Oregon’s Legislature has made investments in services and supports for older adults and people with disabilities with some increases and some cuts in funding and programs. With federal, state, and local budget variability and fluctuations, older adults and others served by the AAA have experienced multiple impacts. With this potentially uncertain service net and funding variability in mind, describe:

- a. Any existing waitlists for services, and if so, how people on the waitlists are prioritized for services.
- b. Any changes in services included in this plan – compared to services in the prior planning period – based on changes in funding.
- c. Your process for determining priority services, including the criteria established, the basis for your criteria, factors influencing your

prioritization, and the methods employed in weighting individual elements.

You must address how your factors and weighting prioritizes service to those in greatest economic and social need. The term “greatest economic need” means people with income less than 185% of the federal poverty level. The term “greatest social need” means the need caused by non-economic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that - (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently.

Describe how you would implement these priorities in the event of funding reductions or increases. Consider how use of discretionary funds could be used in relation to available or reduced services in the community as reflected in Section B-4.

SECTION B – PLANNING AND SERVICE AREA PROFILE

(Suggested length not to exceed 5 pages)

B – 1 Population Profile:

Using, at a minimum, the [demographic information](#) that the CSSU will provide, describe the current demographics of the Planning and Service Area (PSA), emerging trends and additional information the reader may need to understand the populations of people who are aging and have disabilities in your PSA. This section should include local analysis of the changes in the number of older individuals and target populations and the associated impact on the AAA and providers within the aging and disability network. Also address how your plan is using this data to target outreach and services to those at greatest risk and describe the methods used to satisfy the service needs of minority older adults.

Use the census data provided as well as reliable locally developed data, if desired, in your profile. You may add any additional demographic information you have that describes the older adult population you serve, but please cite the data sources used as the basis of your planning efforts. Other potential sources of data include:

- Healthy Aging in Oregon Counties - <https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/healthyaginginoregoncounties.aspx>
- Administration for Community Living Aging Integrated Database (AGID) <https://agid.acl.gov/>

You may choose to describe the population using narrative, tables, charts, graphs, or maps, or any combination of these methods. (See example in Attachment B.)

B – 2 Target Populations:

Include a subsection describing the methods the AAA will use to carry out the Older Americans Act priority to provide services to targeted populations. Address how members of each target group will be identified, engaged, and served.

- Older individuals who have greatest economic and greatest social need, with particular attention to:
 - low-income older individuals, including low-income minority older individuals,
 - older individuals with limited English proficiency, and
 - older individuals residing in rural areas.
- Older individuals at risk for institutional placement, and
- Older individuals who are Native American.
- Social need includes issues related to older Lesbian, Gay, Bisexual and Transgender (LGBT) individuals.

Each planning and service area must assess their particular environment to determine those populations best targeted based on “greatest social need.” Type B AAAs and AAAs with Aging and Disability Resource Connections will also serve adults age 18 and older with physical disabilities.

B – 3 AAA Services and Administration:

(Information in this section serves, in part, as narrative accompaniment to Attachment C - described further in Section D.)

Summarize all services provided by or through the AAA, either directly or through contracts with community partners. Include administrative, advocacy, program development and coordination functions of the agency and funding resources used. Briefly describe the service as it is provided in your PSA and in what county(ies), if applicable, using narrative and/or chart. Describe in the narrative if the array of services offered has been affected by budget increases or reductions and if there are other resources available to provide similar services.

You may also include here any services which you feel are best practices or innovative in some way. These may be services provided directly by the AAA or by a contracted provider.

Refer readers to Attachment C in this section.

B – 4 Non-AAA Services, Service Gaps and Partnerships to Ensure Availability of Services Not Provided by the AAA

The Older Americans Act intends that the AAA shall be the leader relative to all aging issues on behalf of all older persons in the PSA. This means that the area agency shall proactively carry out a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the PSA. ([45 CFR 1321.53\(a\)](#))

This section of the Area Plan is for describing important services and systems that are not provided by the AAA but are useful for the public to understand because of their importance to older people and persons with disabilities. Descriptions may include the role of the AAA in county or regional planning efforts (i.e., housing, transportation, healthcare), creation or lack of partnerships with other providers, identifying service gaps or coordination needs, explaining why a particular service is not necessary and therefore not provided by the AAA, or how identified service needs will be addressed by partner organizations. Describe strengths in the overall service network but also any notable gaps in service or unmet needs and reasons for these. This description may be done in narrative or chart form and may summarize the entire PSA or be broken down into geographic subdivisions.

Type A AAAs should also use this section to summarize the services provided by the APD Local Office(s) in the PSA and how services and activities are coordinated between the AAA and APD office(s).

The services listed below may be described and/or you may choose others which serve your planning purposes. It is not intended that an exhaustive list of all services or providers in the PSA is compiled, but rather to identify the AAA's partners and those services/programs which are important in addressing the needs of the populations served.

- Mental Health / Older Adult Behavioral Health
- Transportation
- Housing
- Elder Abuse Awareness and Prevention
- Employment Services
- Energy Assistance Programs

- Disability Services and Programs (e.g., Intellectual/Developmental Disabilities, Independent Living Centers)
- Community healthy aging and Care Transitions partners (e.g., local public health, healthcare systems, health promotion programs)
- Senior Centers
- Information and Referral/Assistance Programs (non-AAA funded, e.g., United Way, 211, Independent Living Centers)
- Education and Counseling Programs (non-AAA funded, e.g., SHIBA, Benefits and Benefits Counseling Projects, Money Management Program)
- Case Management (fee based or privately funded)
- Services that target minority; limited English proficiency (LEP) or other persons with unique needs (e.g., Title VI services, or an ethnic health clinic which serves older adults)
- Any service which specifically serves persons with Alzheimer's disease or other dementia, or their caregivers (Family Resource Center, Support Groups)

(See example in Attachment B for a chart form summary of other services. This format is optional but may help to decrease narrative length.)

SECTION C – FOCUS AREAS, GOALS AND OBJECTIVES

(Suggested narrative length not to exceed 2 pages per focus area)

C – 1 Local Focus Areas, Older Americans Act and Statewide Issue Areas:

Throughout all Focus Areas, please embed principles and methodologies of Person–Directed Services and Supports and Service Equity as described below into each areas’ Goals and Objectives so that these principles are clearly and effectively operationalized in your service delivery system. It is not necessary to address in each narrative, unless desired, but it should be clear in the Goals and Objectives how these principles are being implemented.

Person–Directed Services and Supports

Person-directed philosophies have long existed in Oregon statutory policy as a foundation for delivering services to older adults and individuals with disabilities, and Oregon’s aging and disability service networks are committed to providing respectful and responsive services and supports. This approach takes into account individuals’ preferences, needs, values, cultures and diverse backgrounds. Depending on the setting, this approach may be called patient-centered care, person-centered care, participant-directed care, self-determination, and culture change. Regardless of the label used, the approach is based on keeping all decision making as close to individuals as possible and supporting their choices. The approach is based on ensuring the individual has accurate, objective information to make informed decisions.

DHS’s APD Program is committed to providing services that are person-centered, to having a service delivery system that is participant-directed, and to using tools and strategies centered on personal preferences and goals for planning. A participant-directed service delivery system that uses a person-centered planning process should include these key elements:

- A philosophy that is rooted in understanding and acknowledging what is important to a person, taking into account all factors that affect their life;
- Assisting people to find and use their own voice to express what is important to and for them;
- Listening to individuals about their needs, preferences and choices;

- Putting individual preferences, needs and choices at the center of the planning process;
- Focusing on the individual and a plan that seeks positive outcomes;
- Enlisting the support of family, friends and professionals chosen by the individual to follow through on ensuring needs, preferences and choices are realized.

Service Equity

Service Equity promotes, health, safety and independence for all Oregonians by adapting services and policies to eliminate discrimination and disparities. Service equity is a measure of results, not effort. Individual approaches which are free from bias or favoritism are used to achieve common outcomes for all. Service equity creates an environment of fairness and respect that values, attracts and supports diversity. DHS is committed to advancing service equity and recognizes service equity as a Core Value of the agency. Service Equity is also an APD goal, and in its 2019 Strategic Plan, APD identified service equity as one of its five Strategic Goals.

A service system which advances the guiding principles of service equity includes actions such as:

- **Engagement, collaboration and trust** with members of each diverse community based on mutual respect and trust. Intentional efforts are made to maintain an open dialogue, and internal and external communication efforts are centered on inclusion and outcomes.
- **Collaboration with other agencies** to create a seamless long term service and support delivery system that is culturally and linguistically responsive.
- **Service provision for diverse populations** in a culturally and linguistically responsive manner. Services are provided to all consumers at their specific need level with community needs informing and guiding services.
- **Accessible** long-term services and supports information is available in a variety of formats to meet individuals' diverse linguistic, literacy and communication needs in locations visited and available for underserved populations.
- **Data collection and reporting** allows for effective monitoring and meaningful evaluation of the quality and capacity of long term services

and supports provided to diverse older adults and people with disabilities.

- **Workforce development** to ensure staff, volunteers, and advisory group members represent and can appropriately communicate and address the cultural diversity of the population in the area being served.
- **Integration throughout budgetary decisions** including allocation of funds, contract development and implementation, and support of policies to support underserved populations. Leadership makes informed decisions, using all resources available including the Service Equity Framework.

Focus areas are intended to describe and address national and state issues and priorities identified in the OAA and the Oregon State Plan on Aging and also those issues which have been identified through the local AAA planning process. These are areas requiring attention and on which the AAA will focus special effort during the four-year plan period.

Section C areas should reflect information described earlier in the plan, including the AAA's mission, vision and values; the identified needs and recommendations stemming from community needs assessments, surveys, forums, etc. conducted during the planning and review process; the program priorities as determined by the established discretionary funding priorities; and the specific demographics of the AAA. Narratives in this section must also identify how the AAA will address the needs of the target populations as described in Section B-2 and in each Focus Area.

Issues may be carried over from the previous four-year Area Plan, where they are still relevant, or they may be new issues or initiatives. AAAs may include as many focus areas as are deemed necessary, but at a minimum, the six national and state focus areas detailed below must be included.

Format for Focus Areas:

A suggested format for the narrative section of each focus area is:

Brief Profile/Description of the Issue:

The public and DHS must be able to easily understand the focus area and the goals in a comprehensive way. This profile should help the reader to understand the issue as it applies to the consumers and services of the

AAA. You may describe the issue, the service environment, stakeholders, significant trends, current status, etc. You should also describe challenges and opportunities your AAA faces specific to each focus area and realistically describe barriers, service or funding gaps, and conflicting issues. If the focus area is prescribed by federal or state law or policy, e.g., elder rights protection activities, coordination with Title VI programs, it can be noted.

Provide the specific information requested in each section:

Address the specific areas outlined in each focus area.

Problem/Need Statement:

In this section, the AAA identifies the problems or needs of the target population in the AAA and how the AAA proposes to address them. These statements do not necessarily have to be presented as problems; they can be presented as a need for a service or action that isn't necessarily a problem, but does address a need. The problem/need statement can be from the perspective of the consumer, the agency or the community. It should identify the obstacles or circumstances that must be addressed or overcome to resolve the problem or address the need and should set the stage for understanding the goals and objectives for each focus area.

As you develop your Problem/Need Statement, consider how you will address the following in each of the focus areas:

- a. Partnerships to support outreach and effectiveness of this focus area
- b. Staffing and/or contracts to support services in this area
- c. Potential challenges and how the AAA anticipates addressing these

Goals and Objectives:

Each narrative section is to be followed by a set of goals and measurable objectives for the focus area. You may use the templates in this document or a similar format that has all of the same elements. See explanation and example in Attachment B.

1. Information and Referral Services and Aging and Disability Resource Connection (ADRC)

(Suggested narrative length not to exceed 2 pages)

ADRC is an Administration for Community Living (ACL) supported *No Wrong Door* infrastructure that serves all populations needing access to Long Term Services and Supports (LTSS), and their caregivers and/or advocates.

Information and Referral (I & R) Services have been critical to consumers and are an integral part of the Aging and Disabilities Network. The ADRC initiative is a collaborative effort of the ACL and the Centers for Medicare and Medicaid Services (CMS) and is designed to streamline access to home and community supports and services for consumers of all ages, incomes and disabilities and their families. Through integration or coordination of existing aging and disability service systems, ADRC programs raise visibility about the full range of options that are available, provide objective and trusted information, advice, counseling and assistance, empower people to make informed decisions about their long term supports, and help people more easily access public and private long term supports and services.

APD, the Oregon Association of Area Agencies on Aging and Disabilities (O4AD), and the Association of Oregon Centers for Independent Living (AOCIL) have collaborated for a number of years to develop strategies to enhance the service delivery system for older adults and people with disabilities. One outcome of this collaboration has been to collectively build and expand a network of ADRCs, now providing statewide coverage. There is continued support and commitment, across the aging and disability services networks, for the work ADRCs have accomplished and for the vision of ADRCs going forward.

In this focus area AAAs, as core partners in ADRCs, shall describe how they will support:

- Information and referral;
- Person centered options counseling;
- Marketing and outreach to promote ADRC and increase service usage;

- Access to public and privately funded long term services and supports by ensuring local resources are maintained in the ADRC resource database;
- Continued and expanded partnership development and cross-referral/collaboration;
- Quality assurance and quality improvement activities to ensure consumer satisfaction, adequate data entry practices, and that ADRC standards are being met; and
- In collaboration with other core partners, stakeholders and advisory groups, the development of a framework for ADRC sustainability. Sustainability strategies could include blending and leveraging funding streams (existing OAA and other core partner funds, Medicaid administrative claiming, development of private pay/sliding fee options), leveraging partnerships, collaborative development of tools and resources across service systems, alignment of service philosophies, and education of policymakers and demonstration of beneficial outcomes through the use of ADRC data in GetCare, consumer satisfaction survey results, and business case findings and return on investment (ROI) calculations.

Focus Area - Information and Referral Services and Aging and Disability Resource Connection (ADRC):

Goal:

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a					
b						
c						
d						
e						
f						

Goal:

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a					
b						
c						
d						
e						
f						

Goal:

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a					
b						
c						
d						
e						
f						

2. Nutrition Services (OAA Title IIIC)

(Suggested narrative length not to exceed 2 pages)

The purpose of the OAA Nutrition Program is to:

- Reduce hunger and food insecurity among older individuals,
- Promote socialization of older individuals,
- Promote the health and well-being of older individuals, and
- Delay onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Older Americans Act nutrition funding is not expected to be adequate to fully support nutrition programs offered by AAAs but is used to leverage additional funding and support for these critical programs.

In this focus area the AAA should address the following:

- Provide a list in this section or as an appendix of meal sites, indicating address, days/times of service for each location, and average participation at each location. For meal sites that also provide home-delivered meals, please indicate how often meals are delivered from each site.
- Identify how Title IIIC funds will be used to implement nutrition services, including any use of contracted organizations or other partnerships involved in making nutrition services available.
- Identify any goals or plans to change the meal production and delivery system(s) over the course of this 4-year plan.
- Identify how the AAA and its partners are identifying additional funding to support the costs of providing nutrition services.
- Indicate how nutrition education – and nutrition counseling, if offered - will be provided for both congregate and home-delivered meal recipients.
- Explain how nutrition services are linked to and coordinated with health promotion, family caregiver, and other applicable AAA services.

Focus Area - Nutrition Services

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

3. Health Promotion (OAA Title IIID)

(Suggested narrative length not to exceed 2 pages)

OAA IIID funds must be used to support evidence-based programs to improve health and well-being, and reduce disease and injury (<https://acl.gov/programs/health-wellness/disease-prevention>). Please explain how Title IIID Disease Prevention and Health Promotion, and if applicable, Title IIIB funds will be used to support health promotion for at-risk older adults:

- How will the AAA partner with community organizations to deliver programs.
- Which evidence-based health promotion/disease prevention programs will be supported, and does the AAA anticipate changes to programs that will be supported.
- How will programs be made accessible to at-risk older adult populations; and
- How will the AAA ensure program availability and quality.

The AAA should also identify how, through involvement or partnerships with public health, health systems, or county or regional planning groups, the AAA is helping to advocate for and address issues that impact the health of older adults and people with disabilities. This may include work on age-friendly or dementia-friendly communities, access to healthy foods, access to preventive services and healthcare, or involvement in healthcare reform efforts.

The following link may provide useful resources relating to evidence based health promotion:

- <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/Healthy-Aging.aspx>

Focus Area - Health Promotion

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

4. Family Caregivers (OAA Title III E)

(Suggested narrative length not to exceed 2 pages)

The [National Family Caregiver Support Program](#) (FCSP) provides critical services to unpaid caregivers caring for adults with functional disabilities or relatives who are raising children. These services help delay or avoid entry into a long term care setting and the Medicaid system.

Specify how the AAA and their service partners will conduct outreach and public awareness, as well as provide culturally-relevant services to the following caregiver populations, with particular attention to the target groups identified through the 2016 reauthorization of the Older Americans Act and at the state level:

- Individuals with limited English proficiency and ethnic caregivers, including Native American caregivers;
- Caregivers who are older individuals with greatest economic and social need;
 - Particular attention will be paid to caregivers who are low-income older individuals.
- Older relative caregivers of children with severe disabilities or individuals with severe disabilities;
- Family caregivers who provide care to persons with Alzheimer's disease and related disorders with a neurological or organic brain dysfunction;
- Caregivers who provide care to persons at risk for institutionalization; and;
- Non-traditional family caregivers who may not be recognized as family; Lesbian, Gay, Bisexual and Transgender partners and individuals who are not legally married.

Area Agencies on Aging can determine which of the following five core elements are needed and feasible in their area and may offer some or all.

- 1) Information about services available;
- 2) Assistance in gaining access to services and resources;
- 3) Individual counseling, support groups and/or evidence-based training in the areas of caregiving, health, nutrition and financial literacy that assist

the caregiver in making decisions and solving problems related to their caregiving role;

- 4) Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities. Respite care is prioritized to family caregivers providing care to a frail older adult. Services can be provided in the home, adult day service program or overnight stay in a residential care setting;
- 5) Supplemental services on a limited basis to complement the care provided by caregivers. For example, assistive technology, home modifications, incontinent supplies, legal assistance, transportation. Supplemental services are prioritized to family caregivers providing care to a frail older adult.

In this focus area, please describe:

- Which of the core elements of the Family Caregiver Support Program (FCSP) the AAA will provide and how they are organized in your service area.
- Which of the core elements are provided specifically for older relatives raising children, and how outreach is done to reach this population.
- How caregiver screening and assessment/planning is structured.
- The types and frequency of individual counseling, support groups, and trainings that are offered.
- How respite services are provided, and policies in place to ensure that respite services are prioritized to those at greatest need.
- Types of supplemental services provided, and policies in place to determine how these services are provided.
- Identify any service gaps or limits related to core elements.

Focus Area - Family Caregivers:

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

5. Legal Assistance and Elder Rights Protection Activities (OAA Titles III-B and VII)

(Suggested narrative length not to exceed 2 pages)

ACL programs and services funded under the OAA are designed to empower older adults to remain independent, healthy, and safe in their homes and communities for as long as possible. Legal assistance and elder rights programs (Title III-B), along with other AoA programs and services, help to promote the independence, autonomy, and well-being of older persons. OAA legal assistance programs in every state provide civil legal counsel and representation to older people with economic or social need to preserve their independence, choice, and financial security. These programs are designed to help older people understand their rights, exercise informed decision-making, and benefit from the support and opportunities promised by law.

Vulnerable Elder Rights Protection Activities (Title VII) bring together the various advocacy programs of the Act into a system of services, programs, and personnel designed to help older persons understand their rights, exercise choice through informed decision-making, and benefit from the support and opportunities promised by law. One such ACL-supported program is the Elder Abuse, Neglect, and Exploitation Prevention Program, the goal of which is to develop and strengthen prevention efforts at the State and local level. This includes funding for State and local public awareness campaigns, training programs, and multi-disciplinary teams.

APD's Vision is that Oregon's older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, wellbeing, honor choice, respect cultural preferences and uphold dignity. One of APD's goals in its 2019 Strategic Plan is "Well-being," where older adults and people with disabilities feel safe and experience their best quality of life. For these priority areas to be successful, the AAAs must be integral components of developing and supporting programs that focus on protecting the rights of older adults through effective advocacy and public awareness efforts.

Describe how the AAA will work to protect the rights of older individuals in its service area, including how the AAA will:

- Select and maintain a legal services provider to offer legal assistance to vulnerable elders;
- Work with the legal services provider to ensure legal aid is delivered according to Oregon's legal assistance program standards;
- Develop or support elder abuse education and prevention efforts in their service area;
- Identify gaps in the current system and work with partner organizations, including those involved in the Aging and Disability Resource Connection, to mitigate and find solutions;
- Maintain effective referral protocols to adult protective services offices and to the office of the long-term care ombudsman;
- Integrate these elder rights areas into their other delivery systems to ensure that older adults with legal issues or older adults subject to abuse are connected to the appropriate resources; and
- Support, as applicable, the adult abuse multi-disciplinary teams in the counties in the AAA's service area.

For more information on legal assistance programs, refer to the ACL website: <https://acl.gov/programs/protecting-rights-and-preventing-abuse/legal-help>, and Oregon's legal assistance program standards at: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/AAABusinessTraining/Oregon-Legal-Assistance-Standards-2018.pdf>.

For more information on protecting rights and preventing abuse, refer to the ACL website: <https://acl.gov/programs/protecting-rights-and-preventing-abuse>, and the APD Elder Rights and Abuse Prevention website: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/Adult-Abuse-Prevention.aspx>

Focus Area - Legal Assistance and Elder Rights Protection Activities

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

6. Older Native Americans (OAA Titles VI and III)

(Suggested narrative length not to exceed 2 pages)

In this focus area, the AAA must identify and describe how it will coordinate with each of the tribe(s) within its PSA to provide services for older Native Americans. (OAA Section 306 (a) (11) (A) (B) (C))

Best practices in this focus area could include a description of the process for planning and coordinating with each of the tribes and outreach plans to tribal elders living within its PSA, regardless of tribal affiliation, to provide services for older Native Americans. Any services provided to older Native Americans should be provided in a culturally and linguistically responsive manner. Best practices also include steps taken to build relationships with individual tribes and any collaboration efforts and/or challenges that may be unique to planning and service delivery with sovereign nations.

CSSU will provide a list of Oregon Tribes and the counties where they serve older Native Americans as well as a list of Oregon's Title VI Grantees.

Focus Area - Older Native Americans

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

**7. Other Focus Areas – any other area(s) of the AAA’s choosing.
(Optional)**

(Suggested narrative length not to exceed 2 pages, for each additional Focus Area)

Other Focus Areas may be considered for addition based on priorities identified in the AAA’s or other community needs assessments or based on known priorities that are not addressed in any of the areas included.

Focus Area - Other Focus Area(s)

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

Goal:

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
a					
b					
c					
d					
e					
f					

SECTION D – OAA/OPI SERVICES AND METHOD OF SERVICE DELIVERY

D - 1 Administration of Oregon Project Independence (OPI):

In accordance with [OAR 411-032-0005\(2\)](#) the area agency must submit an Area Plan containing, at a minimum, the agency's policy and procedures for each of the questions below.

Provide the following information or policies about how your agency (or your contractor) administers and implements the OPI program. Note: If the AAA is participating in the OPI Pilot for Adults with Disabilities, clarify if the policies and procedures vary for that population.

- a. What are the types and amounts of authorized services offered? (OAR 411-032-0005 2 b A)
- b. State the cost of authorized services per unit. (OAR 411-032-0005 2 b B)
- c. Delineate how the agency will ensure timely response to inquiries for service. Include specific time frames for determination of OPI benefits. (OAR 411-032-0005 2 b C)
- d. Describe how consumers will receive initial and ongoing periodic screening for other community services, including Medicaid. (OAR 411-032-0005 2 b D)
- e. Specifically explain how eligibility will be determined and by whom. (OAR 411-032-0005 2 b E)
- f. Plainly state and illustrate how the services will be provided. (OAR 411-032-0005 2 b F)
- g. Describe the agency policy for prioritizing OPI service delivery for both the waiting list and hours/types of services for the individual. (OAR 411-032-0005 2 b G)
- h. Describe the agency policy for denial, reduction or termination of services. (OAR 411-032-0005 2 b H)

- i. Specify the agency's policy for informing consumers of their right to grieve adverse eligibility, service determination decisions and consumer complaints. (OAR 411-032-0005 2 b I)
- j. Explain how fees for services will be developed, billed, collected and utilized. (OAR 411-032-0005 2 b J)
- k. Describe the agency policy for addressing consumer non-payment of fees, including when exceptions will be made for repayment and when fees will be waived. (OAR 411-032-0005 2 b K)
- l. Delineate how service providers are monitored and evaluated. (OAR 411-032-0005 2 b L)
- m. Delineate the conflict of interest policy for any direct provision of services for which a fee is set. (OAR 411-032-0005 2 b M)

D – 2 Services provided to OAA and/or OPI consumers:

The AAA is required to provide comprehensive and coordinated community based services, in a manner which facilitates accessibility and utilization, designed to assist older Oregonians in leading independent, meaningful and dignified lives in their own homes and communities. Please see *Service Units and Definitions for Older Americans Act and Oregon Project Independence Programs* at <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/AAABusinessTraining/oaa-opi-serv-def.pdf> for a full description of services and unit definitions.

Except where a waiver is granted by the State, AAAs shall award funds by grant or contract for the provision of Older Americans Act services to community services provider agencies and organizations and when possible to arrange and coordinate with organizations designated as community action agencies and federal service programs administered by the Corporation for National and Community Service whom make use of trained volunteers in providing direct services. [\(45 CFR 1321.63\(b\)\)](#) and OAA 306 (a)(6)(C)(i)(ii)(I)(II)(iii)

AAAs are to disclose to the State agency the identity of each nongovernmental entity with which the AAA has a contract or commercial

relationship relating to providing services and the nature of the contract or relationship. OAA Section 306(a)(13)(B)(i)(ii)

Complete Attachment C by indicating all OPI and OAA services your Area Agency provides, the funding source(s), and the contracted service provider or whether the service is self-provided by the AAA.

SECTION E – AREA PLAN BUDGET

Detailed budget instructions and supporting documents will be distributed in the first quarter of 2020.

APPENDICES

Appendix A Organizational Chart

The Organizational Chart should show the relationship of the AAA to the sponsoring body and show the reporting relationships of AAA staff. The minimum required is a structural chart showing the chain of command and including a “box” for every type of position. If several staff have the same classification under the same supervisor, a single box may be used but must show the number of positions represented.

Appendix B Advisory Council(s) and Governing Body

The name of each Advisory Council member must be listed on this appendix along with a demographic count. The AAA may also include the geographic or other affiliation of any or all members. (See example in Attachment B.)

List all members of the agency’s Governing Body. If the agency is a county, city or council of governments, list the commissioners or appropriate governing body members. If the applicant agency is a private or public non-profit agency, list those members who are responsible for the operation of the applicant agency.

Appendix C Public Process

This appendix should include simple documentation of planning activities described in Section A-3, such as notices for or a list of the dates and locations of the community forums, focus groups, Council meetings, surveys and public hearings held to assess need and obtain community input.

Appendix D Final Updates on Accomplishments from 2017-2020 Area Plan

Include as Appendix D a final report on the AAA’s activities and accomplishments for each goal and objective that was included in the 2017-2020 Area Plan. Describe what worked and what didn’t. If a goal or objective was not met, explain why (what were the barriers, challenges, etc.). Reflect on both accomplishments and challenges.

Appendix E Emergency Preparedness Plan

Include as Appendix E the AAA's governing board approved Emergency Preparedness Plan. At a minimum the Plan must include the following elements:

- Assessment of Potential Hazards
- Chain of Command
- Communications Plan
- Continuity of Operations Plan (Program-by-Program or Site-by-Site)
- Agreements that detail how the AAA will coordinate activities with local and State emergency response agencies, relief organizations, and any other entities that have responsibility for disaster relief service delivery, both in the response and recovery phases.
- Description of the AAA's role in local planning and coordination efforts for vulnerable populations.

(If the plan is extensive or has multiple components, please work with your assigned CSSU liaison regarding linking to the plan(s) and incorporating by reference.)

Training and resource materials regarding Emergency Preparedness and Business Continuity Planning can be found at:

<https://www.ready.gov/business>

Appendix F List of Designated Focal Points (OAA Section 306 (a)(3)(B))

The term "focal point" means a facility established to encourage the maximum collocation and coordination of services for older individuals.

Appendix G Partner Memorandums of Understanding

Type A AAAs must include a copy of the written Memorandum of Understanding with the APD Local Office(s) (Medicaid agency) in the PSA.

Appendix H Statement of Assurances and Verification of Intent

For the period of January 1, 2021 through December 31, 2024, the [AAA] accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 114-144) and

related state law and policy. Through the Area Plan, _____ [AAA] shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The _____ [AAA] assures that it will:

Comply with all applicable state and federal laws, regulations, policies and contract requirements relating to activities carried out under the Area Plan.

Conduct outreach, provide services in a comprehensive and coordinated system, and establish goals and objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas; b) older individuals with significant disabilities; c) older individuals at risk for institutional placement; d) older Native Americans; and e) older individuals with limited English proficiency.

All agreements with providers of OAA services shall require the provider to specify how it intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas and meet specific objectives established by the _____ [AAA] for providing services to low income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with significant disabilities, with agencies that develop or provide services for individuals with disabilities.

Provide information and assurances concerning services to older individuals who are Native Americans, including:

- A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan;

- B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; and
- C. An assurance that the Area Agency on Aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Provide assurances that the Area Agency on Aging, in funding the State Long Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of Title III funds expended by the agency in fiscal year 2000 on the State Long Term Care Ombudsman Program.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to DHS. The _____ [AAA] _____ shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

Date

Director, [AAA]

Date

Advisory Council Chair

Date

Legal Contractor Authority

Title